

(Rev. 5/05)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF DELAWARE**

(1) Michael Leager 515275
(Name of Plaintiff) (Inmate Number)

P.O. Box 9561 Wilmington De 19809
(Complete Address with zip code)

(2) _____
(Name of Plaintiff) (Inmate Number)

(Complete Address with zip code)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

vs.

(1) Warden Raphael Williams
(2) Dr Kendall
(3) Jim Welch
(Names of Defendants)

(Each named party must be listed, and all names
must be printed or typed. Use additional sheets if needed)

I. PREVIOUS LAWSUITS

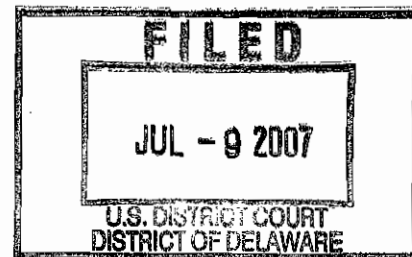
A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

07 - 429

(Case Number)
(to be assigned by U.S. District Court)

CIVIL COMPLAINT

☒ Jury Trial Requested



II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ••Yes ••No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ••Yes ••No
- C. If your answer to "B" is Yes:

1. What steps did you take? Filed A medical greivence.
2. What was the result? Approx 1 week later I was seen by A guy who said he would put me on the list to see The Dr. At No point Did I sign off on it nbr anything become accomplished

- D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS (in order listed on the caption)

- (1) Name of first defendant: Raphael Williams.

Employed as Warden Williams. at Howard R. Young Correctional Inst.

Mailing address with zip code: 1301 East 12th Street
Wilmington De 19809

- (2) Name of second defendant: Dr Kendal

Employed as Dr Kendal at H.R.Y.C.I

Mailing address with zip code: 1301 East 12th Street
Wilmington De 19809.

- (3) Name of third defendant: James Welch

Employed as Medical Service Administrator at Department of Correction.

Mailing address with zip code: 245 McKee Road Dover De
19904.

(List any additional defendants, their employment, and addresses with zip codes, on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets of paper if necessary.)

1.

2.

3.

V. RELIEF

(State briefly exactly what you want the Court to do for you. Make no legal arguments. Cite no cases or statutes.)

1.

2. _____

3. _____

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 7 day of July, 2007.

Michael Leager
(Signature of Plaintiff 1)

(Signature of Plaintiff 2)

(Signature of Plaintiff 3)

Statement of Claim:

At the end of January of 2006 I hurt My arm playing hand ball. So I started putting Sick call Slips in. I didnt get to See anyone till July 2006 and the Nurse said She would put me in to See a doctor but still I never call one. In November of 2006 I call someone who wasint a doctor who put me on an anti-Inflammatory Med that didnt work. So a month later I call the same guy who put me in for an X-ray. I got an X-ray in January of 2007 and DR. Kendall told me it was an old Injury that healed and he would put me in to See a speacialist. I can not Starten My arm out fully and, I never call a speacialist So I put a greivence in. In april of this year 2007 I call a CMS Rep. and he told me that the doctors request for me to see a speacialist was probably denied and that he would put me in to See the doctor again. I call DR. Kendall a week later and he said he didnt have My records and would See me early the next day. I never call him So I put another greivence in. and Sick call Slips in. I call him in June of 2007 and he put me on an anti Inflammatory again and that was the last time I call anyone else. Due to the serverity of the fracture that the X-ray shows I do not have full movement in my arm.

Statement of Claim:

I wrote Jim Walsh the head of CMS here at Howard R. Young Correctional Institute and, Explained what happened and I never heard back from him and, nothing was accomplished.

State Ment of Claim:

I wrote warden Raphael Williams about my Issue and, Nothing has been accomplished in this Matter.

Michael Langer

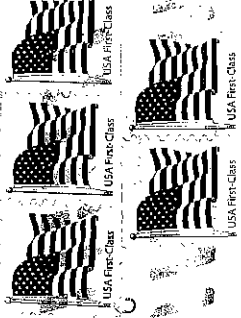
SE# 515275

Project 18 Box 9501

Wilmington DE 19809

WILMINGTON, DE 19850

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Clerk

U.S. District Court

Lockbox 18

844 N. King Street

Wilmington, De 19801

U.S.M.S.
X-RAY

LEONI MAIL ONLY

